



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

Cynthia A. Harding, M.P.H.
Chief Deputy Director

313 North Figueroa Street, Room 806
Los Angeles, California 90012
TEL (213) 240-8117 • FAX (213) 975-1273

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March 20, 2014

TO: Each Health Deputy

FROM: Jonathan E. Fielding, M.D., M.P.H. *JEF*
Director and Health Officer

SUBJECT: **ADVANCE COPY: LA HEALTH "BINGE DRINKING"**

Enclosed is the latest LA Health brief, on binge drinking in Los Angeles County. The Department of Public Health Office of Health Assessment and Epidemiology produced the report in collaboration with the Substance Abuse Prevention and Control Program. The report will be released this week and will be available on our web site at www.publichealth.lacounty.gov/ha.

We hope you will find the publication useful and informative. If you have any questions, please let me know.

JEF:al

Enclosure

c: Greg Polk
Sharon Reichman
Cynthia Harding



BINGE DRINKING

Introduction

Excessive alcohol consumption (EAC) is the second leading cause of premature death and disability in Los Angeles County, responsible for approximately 2,800 deaths and 80,000 years of potential life lost annually.^{1,2} Additionally, the financial cost of EAC for LA County alone is estimated to be \$9.5 billion: \$900 million in healthcare costs; \$7.1 billion in productivity losses (e.g., reduced productivity at work, work absenteeism, and lost productivity due to premature death); and \$1.5 billion in other costs resulting from criminal justice expenses, motor vehicle crash costs, and other property damage.³ EAC includes binge drinking (women consuming ≥ 4 drinks and men ≥ 5 drinks on one occasion), heavy drinking (women consuming > 1 drink and men > 2 drinks per day on average), any alcohol consumption by youth under 21 years of age, and any alcohol consumption by pregnant women.⁴

Binge drinking accounted for about three-quarters of the costs, half of the deaths, and two-thirds of the years of life lost due to excessive alcohol use.⁴ Concern about binge drinking led to its inclusion in Healthy People 2020 as a leading health indicator.⁵ Other problems associated with binge drinking include unintentional and intentional injuries, sexually transmitted diseases, unintended pregnancies, liver disease, high blood pressure, stroke, and cardiovascular disease.^{3,4}



Percent of Binge^a Drinking (in the past month) Among Adults, LACHS 2011

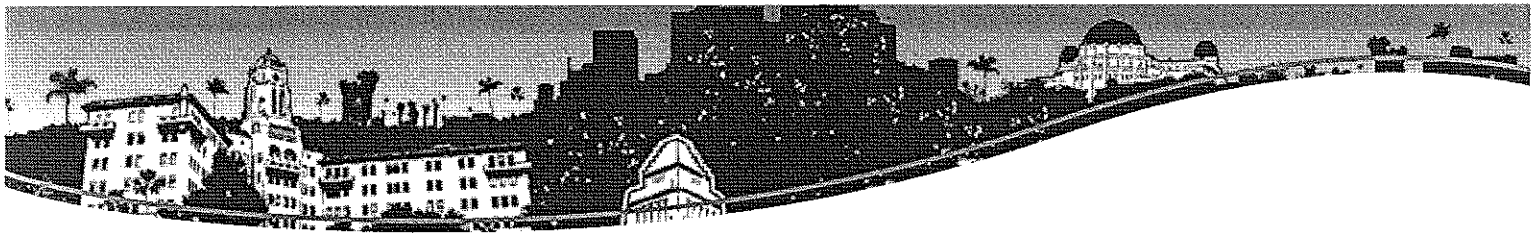
	Percent (%)	95% CI	Est #
Los Angeles County	15.4	14.3 -16.6	1,110,000
Gender			
Male	21.9	19.9 -24.0	764,000
Female	9.3	8.2 -10.5	347,000
Race/Ethnicity			
Latino	18.1	16.1 -20.1	566,000
White	14.7	12.9 -16.5	336,000
African American	11.2	8.1 -14.2	68,000
Asian/Pacific Islander	12.0	8.8 -15.1	134,000
Education			
Less than high school	13.9	11.3 -16.5	229,000
High school	17.5	14.7 -20.4	279,000
Some college or trade school	15.7	13.5 -17.8	313,000
College or post graduate degree	15.0	13.2 -16.9	286,000
Federal Poverty Level^{\$}			
0-99% FPL	14.9	12.1 -17.7	255,000
100-199% FPL	13.9	11.4 -16.4	231,000
200-299% FPL	18.3	15.0 -21.6	176,000
300% or above FPL	15.7	14.1 -17.3	449,000
Service Planning Area			
Antelope Valley	15.1	10.3 -19.8	39,000
San Fernando	14.9	12.3 -17.4	235,000
San Gabriel	11.7	9.5 -13.9	152,000
Metro	19.2	15.5 -22.8	164,000
West	16.5	11.7 -21.3	83,000
South	16.9	12.5 -21.3	113,000
East	15.7	12.4 -19.0	143,000
South Bay	16.3	13.2 -19.4	182,000

a. Binge drinking for females is drinking 4 or more drinks and males 5 or more drinks on one occasion at least one time in the past month.

^{\$} Based on U.S. Census 2009 Federal Poverty Level (FPL) thresholds which for a family of four (2 adults, 2 dependents) correspond to annual incomes of \$21,756 (100% FPL), \$43,512 (200% FPL) and \$65,268 (300% FPL). [These thresholds were the values at the time of survey interviewing.]

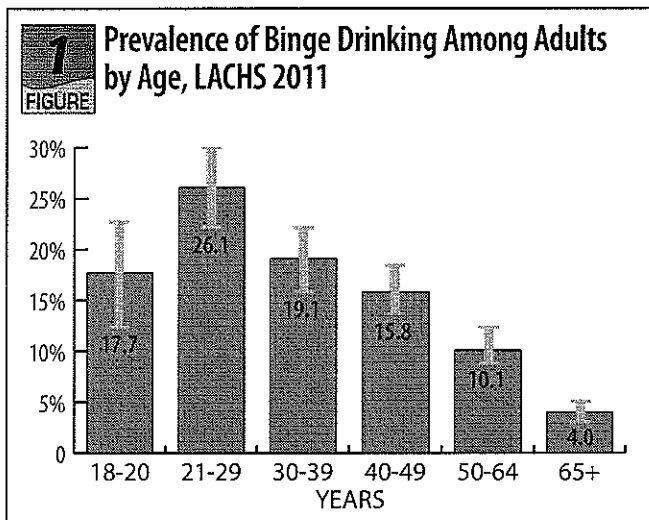
1. Kominski GF, Simon PA, Ho AY, Fielding JE. Financial burdens and disability-adjusted life years in Los Angeles County. In: Preedy VR, Watson RR, eds. *Handbook of Disease Burdens and Quality of Life Measures*. Springer, 2010.
2. Centers for Disease Control and Prevention. Alcohol Related Disease Impact (ARDI) application, 2013. Available at http://apps.nccd.cdc.gov/DACH_ARDI/Default.aspx. Data for California 2006-2010 extrapolated for LAC. Accessed: December 17, 2013.
3. Sacks JF, Roeder J, Bouchery EE, Gonzales K, Chaloupka FJ, Brewer RD. State costs of excessive alcohol consumption, 2006. *Am J Prev Med*. 2013 Oct;45(4):474-85. <http://download.journals.elsevierhealth.com/pdf/journals/0749-3797/PIIS0749379713003735.pdf>. Data extrapolated for LAC and adjusted for inflation to 2013 US dollars.
4. Centers for Disease Control and Prevention. Vital Signs: Binge Drinking Prevalence, Frequency, and Intensity Among Adults - United States, 2010. *MMWR* 2012; 61:14-19.

5. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *Healthy People 2020*. Washington, D.C. Available at: <http://www.healthypeople.gov/2020/topicobjectives2020>. Accessed: October 8, 2013.



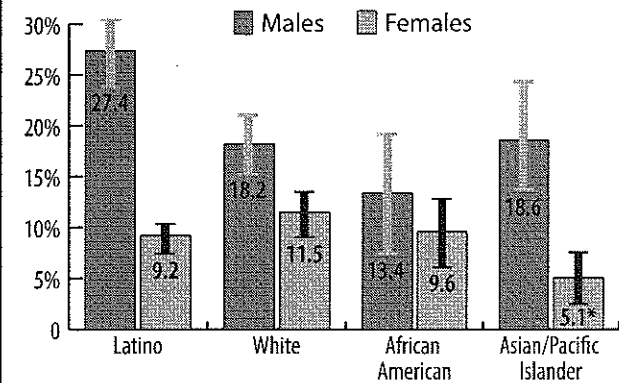
Disparities in Binge Drinking

- Results from the Los Angeles County Health Survey found that in 2011, 15.4% of adults (18 years and older) reported binge drinking in the past month, representing approximately 1.1 million adults (Table 1).
- Men reported binge drinking at significantly higher rates (21.9%) than women (9.3%).
- Nearly one-fifth (17.7%) of underage adults (18-20 years) reported binge drinking; binge drinking peaked among 21-29 year olds (26.1%) and then declined with age (Figure 1).



- Latino, white, and Asian/Pacific Islander males reported binge drinking significantly more than their female counterparts (Figure 2).
- Latino males reported binge drinking with significantly higher frequency than white and African American males.
- The percentage of individuals reporting binge drinking was highest in the Metro Service Planning Area (SPA; 19.2%) and lowest in the San Gabriel SPA (11.7%).

2 **FIGURE** Prevalence of Binge Drinking Among Adults by Gender and Race/Ethnicity, LACHS 2011



*The estimate is statistically unstable.

Recommended Actions

Individuals:

- Understand the risks of excessive alcohol use, including binge drinking. If you choose to drink, do so in moderation.
- Do not drink alcohol if you are under the legal drinking age or if you are pregnant, and avoid alcohol for at least three months before becoming pregnant.
- Support policies limiting the marketing and sale of alcohol.
- Support enforcement of laws limiting sales of alcohol to minors.

Health Care Providers:

- Screen patients regarding their alcohol consumption and counsel or refer patients for alcohol treatment, if necessary.⁶
- Inform women of child-bearing age of the harmful effects of alcohol on the developing fetus.

6. Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse, Topic Page. U.S. Preventive Services Task Force. <http://www.uspreventiveservicestaskforce.org/uspstf/uspstfdrin.htm>. Accessed: December 18, 2013.

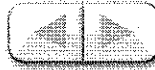


Cities and Communities⁷:

- Support regulation (through licensing or zoning) of alcohol outlet density by applying state, county, city, or other type of governmental control to reduce or limit the number of places that can legally sell alcohol in a given area.
- Adopt and enforce social host ordinances that impose liability on adults who tolerate underage alcohol use on property under their control.
- Enhance enforcement of laws prohibiting the sale of alcohol to minors to limit underage alcohol purchases, and reduce youth exposure to alcohol advertisements (e.g., billboards).
- Hold alcohol retailers responsible for the harms caused by their underage or intoxicated patrons (dram shop liability).

Governments:

- Increase beverage-specific (i.e., beer-, wine-, and spirit-specific) alcohol taxes at the state and federal levels as these have been shown to reduce alcohol-related harms in addition to raising revenues.⁷
- Minimize privatization of retail alcohol sales when possible.⁷
- Build partnerships with communities, schools, faith-based organizations, health care, and public health agencies to reduce binge drinking.⁸



on the web



The mission of **Substance Abuse Prevention and Control (SAPC)**, in Los Angeles County's Department of Public Health, is to reduce community and individual problems related to alcohol and drug abuse through evidence-based programs and advocacy.

www.publichealth.lacounty.gov/sapc

The **Centers for Disease Control and Prevention's (CDC) Alcohol Program's** mission is to strengthen the scientific foundation for preventing excessive alcohol consumption.

www.cdc.gov/alcohol

The mission of the **National Institute on Drug Abuse (NIDA)** at the National Institutes of Health (NIH) is to lead the Nation in bringing the power of science to bear on drug abuse and addiction.

www.drugabuse.gov/drugs-abuse/alcohol

The **National Institute on Alcohol Abuse and Alcoholism (NIAAA)** supports and conducts research on the impact of alcohol use on human health and well-being. It is the largest funder of alcohol research in the world.

www.niaaa.nih.gov/alcohol-health

The **Substance Abuse and Mental Health Services Administration (SAMHSA)** is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

7. *Guide to Community Preventive Services. Preventing excessive alcohol consumption.* www.thecommunityguide.org/alcohol/index.html.

8. *Centers for Disease Control and Prevention. Vital Signs. Binge drinking: Nationwide problem, local solutions.* January 2012.



Los Angeles County
Department of Public Health
313 N Figueroa Street Room 127
Los Angeles, CA 90012
213.240.7785

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2012 Model Practice Award
Los Angeles County Health Survey

In this issue:

BINGE DRINKING

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For additional information about the LA County Health Survey, visit: www.publichealth.lacounty.gov/ha

L. A. County Department of Public Health

Jonathan E. Fielding, MD, MPH

Director and Health Officer

Cynthia A. Harding, MPH

Chief Deputy Director

Steven Teutsch, MD, MPH

Chief Science Officer

Office of Health Assessment and Epidemiology

Margaret Shih, MD, PhD, Director

Susie Baldwin, MD, MPH, Chief, Health Assessment Unit

Amy S. Lightstone, MPH, MA, Interim Chief, Health Assessment Unit

Health Assessment Unit Staff:

Gigi Mathew, DrPH; Jerome Blake, MPH; Yan Cui, MD, PhD;

Yajun Du, MS

Substance Abuse Prevention and Control

Wesley Ford, MA, MPH

Director

Benedict Lee, PhD

Director, Epidemiology and Science

Michelle Gibson, MPH

Director, Office of Prevention and Youth Treatment
Programs and Policy

Contributing Staff:

Gayane Meschyan, PhD; Farimah Fiali, MS;

Jennifer Zogg, PhD



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The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the County. The 2011 survey collected information on a random sample of 8,036 adults and 6,013 children. The survey was conducted for the Los Angeles County Department of Public Health by Abt SRBI Inc., and was supported by grants from First 5 LA, the Los Angeles County Department of Mental Health, and Department of Public Health programs including the Tobacco Control and Prevention Program, the Emergency Preparedness and Response Program, Substance Abuse Prevention and Control, and Environmental Health.